

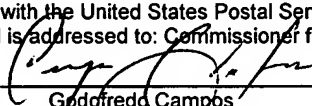
Please type a plus sign (+) inside this box → +

PTO/SB/05 (11-00)

Approved for use through 10/31/02. OMB 0651-0032




U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. 482782007000	
	First Inventor Masaaki FUSEGI	
	Title	ACTUATOR AND INTERMISSIVE POWER TRANSMISSION DEVICE THEREWITH
	Express Mail Label No. EV147810468US	
CERTIFICATE OF MAILING BY "EXPRESS MAIL"		
Express Mail Label No.: EV147810468US Date of Deposit: August 5, 2003		
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313. <div style="text-align: center;"> Godfreda Campos</div>		

17497 U.S. PRO 40/635784



APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450, Alexandria, VA 22313-1450												
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification (Japanese text) [Total Pages 35] <small>(preferred arrangement set forth below)</small> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 21]</p> <p>5. <input type="checkbox"/> Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>												
ACCOMPANYING APPLICATION PARTS													
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney By Assignee <small>(where there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citation(s):</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>Should be specifically itemized</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other _____</p>													
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</div><div>of prior application No.: _____</div></div> <p>Prior application information: _____ Examiner: _____ Group / Art Unit: _____</p> <p><small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small></p>													
19. CORRESPONDENCE ADDRESS													
<div style="display: flex; align-items: center;"><div style="flex: 1;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</div><div style="flex: 2; text-align: center; border: 1px solid black; padding: 20px; margin: 0 auto; width: 200px;"><div style="font-size: 2em; margin: 0;">25224</div></div><div style="flex: 1; text-align: right;"><input type="checkbox"/> Correspondence address below</div></div> <p style="text-align: center; font-size: 0.8em;">(Insert Customer No. or Attach bar code label here)</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name David L. Fehrman</td></tr><tr><td colspan="2">Address Morrison & Foerster</td></tr><tr><td colspan="2">555 W. 5th Street, 35th Floor</td></tr><tr><td>City Los Angeles</td><td>State CA</td></tr><tr><td>Country US</td><td>Zip Code 90013</td></tr><tr><td>Telephone (213) 892-5601</td><td>Fax (213) 892-5454</td></tr></table>		Name David L. Fehrman		Address Morrison & Foerster		555 W. 5th Street, 35th Floor		City Los Angeles	State CA	Country US	Zip Code 90013	Telephone (213) 892-5601	Fax (213) 892-5454
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Telephone (213) 892-5601	Fax (213) 892-5454												
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>Name (Print/Type) David L. Fehrman</td><td>Registration No. (Attorney/Agent) 28,600</td></tr><tr><td>Signature </td><td>Date August 5, 2003</td></tr></table>		Name (Print/Type) David L. Fehrman	Registration No. (Attorney/Agent) 28,600	Signature 	Date August 5, 2003								
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Signature 	Date August 5, 2003												

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**FEE TRANSMITTAL
FOR FY 2003**

Patent fees are subject to annual revision.

☐ Applicant Claims Small Entity Status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)750.00

Complete if Known

Application Number Not yet assigned

Filing Date Concurrently herewith

First Named Inventor Masaaki FUSEGI

Examiner Name Not yet assigned

Group Art Unit Not yet assigned

Attorney Docket No. 482782007000

METHOD OF PAYMENT☐ Check ☐ Credit Card ☐ Money Order ☐ OtherDeposit
Account
Number

03-1952

Deposit
Account
Name

Morrison & Foerster LLP

The Commissioner is authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) required Under 37 CFR 1.16 and 1.17
☐ Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity

Small Entity

Fee Code

Fee (\$)

Fee Code

Fee (\$)

Fee Description

Fee Paid

1001 750

2001 375

Utility filing fee

750

1002 330

2002 160

Design filing fee

1003 520

2003 260

Plant filing fee

1004 750

2004 375

Reissue filing fee

1005 160

2005 80

Provisional filing fee

SUBTOTAL (1) (\$)750.00

2. EXTRA CLAIM FEES

	Large	Entity	Small	Entity	Extra Claims	Fee from below	Fee Paid
Total Claims	16	- 20 =	0	x	18	= \$0	
Independent Claims	0	- 3 =	0	x	84	= \$0	
Multiple Dependent						= \$	

Large Entity

Small Entity

Fee Code

Fee (\$)

Fee Code

Fee (\$)

Fee Description

1202 18

2202 9

Claims in excess of 20

1201 84

2201 42

Independent claims in excess of 3

1203 280

2203 140

Multiple dependent claims, if not paid

1204 84

2204 42

**Reissue independent claims over original patent

1205 18

2205 9

**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)0

** or number previously paid, if greater; For Reissues, see above.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity

Small Entity

Fee Code

Fee (\$)

Fee Code

Fee (\$)

Fee Description

Fee Paid

1051 130

2051 65

Surcharge - late filing fee or oath

1804 920*

1804 920*

Requesting publication of SIR prior to Examiner action

1805 1,840*

1805 1,840*

Requesting publication of SIR after Examiner action

1251 110

2251 55

Extension for reply within first month

1252 410

2252 205

Extension for reply within second month

1253 930

2253 465

Extension for reply within third month

1254 1,450

2254 725

Extension for reply within fourth month

1255 1,970

2255 985

Extension for reply within fifth month

1401 320

2401 160

Notice of Appeal

1402 320

2402 160

Filing a brief in support of an appeal

1403 280

2403 140

Request for oral hearing

1451 1,510

1451 1,510

Petition to institute a public use proceeding

1452 110

2452 55

Petition to revive - unavoidable

1453 1,300

2453 650

Petition to revive - unintentional

1501 1,300

2501 650

Utility issue fee (or reissue)

1502 470

2502 235

Design issue fee

1503 630

2503 315

Plant issue fee

1460 130

1460 130

Petitions to the Commissioner

1807 50

1807 50

Petitions related to provisional applications

1806 180

1806 180

Submission of Information Disclosure Stmt

8021 40

8021 40

Recording each patent assignment per properties (times number of properties)

1809 750

2809 375

Filing a submission after final rejection (37 CFR § 1.129(a))

1810 750

2810 375

For each additional invention to be examined (37 CFR § 1.129(b))

1801 750

2801 375

Request for Continued Examination (RCE)

1802 900

1802 900

Request for expedited examination of a design application

Other fee (specify)

SUBTOTAL (3) (\$)0

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

David L. Fehrman

Registration No.
(Attorney/Agent)

28,600

Telephone

(213) 892-5601

Signature

Date

August 5, 2003

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